

North Carolina Department of the Secretary of State

Charitable Solicitation Licensing Division

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**Solicitation License Application  
Charitable or Sponsor Organization**

If applicant received less than \$25,000 in N.C.G.S. §131F-2(5) contributions in immediate preceding fiscal year and does not compensate any officer, trustee, organizer, incorporator, fundraiser, or solicitor, applicant may be eligible for exemption and may file "Request for Exemption Under 131F-3(3)" and submit supporting documentation available at <http://www.secretary.state.nc.us/csl/Download.aspx> in lieu of filing license application.

1. Check appropriate box: ☐ Initial Application ☐ Renewal Application

2. N.C. Charitable Solicitation License Number: \_\_\_\_\_ (renewal applicants only)

3. Legal Name of Applicant Organization: \_\_\_\_\_

4. Principal Street Address: \_\_\_\_\_

5. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

6. Mailing address (may not be third party filer): \_\_\_\_\_

7. Telephone number: \_\_\_\_\_ 8. Email address: \_\_\_\_\_

9. Website: \_\_\_\_\_

10. List all other NC locations:

Street address(es): \_\_\_\_\_

Telephone number(s): \_\_\_\_\_

11. Charitable purpose for which applicant is organized: \_\_\_\_\_

12. Charitable purpose for which solicited contributions will be used: \_\_\_\_\_

13. Major program activities of applicant: \_\_\_\_\_

14. Applicant's Fiscal Year End Date: (month/day) \_\_\_\_\_

15. Has applicant received a federal tax exemption determination letter? ☐ Yes ☐ No IRS Tax Exemption Code: \_\_\_\_\_

If yes, applicant must provide a copy of their "IRS Tax Exempt Determination" letter to the Department with this application or upon receipt to obtain a tax exempt license. Once submitted, the Department will keep the applicant's letter on file.

16. Applicant's State of Establishment: \_\_\_\_\_ Applicant's Date of Establishment: \_\_\_\_\_

**For non-NC corporations:** Certificate of Existence or Certificate of Good Standing from state of incorporation dated no more than six months prior to date of signing of current license application must be filed with application.

**For non incorporated applicants:** Copy of stamped certificate of "doing business as" or "assumed name" filed with local Register of Deeds must be filed with application.

**The following items must be included with your application package:**

17. List of all names used by applicant in the solicitation of contributions. All names must be legally registered and documentation of legal registration of all names in state where registered must be filed with application.
18. List of all states where applicant is authorized to solicit contributions.
19. List of names and street addresses of directors, officers, trustees, and salaried executive personnel for current fiscal year. (The applicant's street address may be used.)

20. List of names of individuals or officers in charge of any solicitation activities.

21. List of names, street addresses, and telephone numbers of individuals or officers who have final responsibility for custody and/or final distribution of contributions.

22. Name, street address, and telephone number of individual who has custody of applicant's financial records (if applicant does not maintain an office in North Carolina).

**23. Financial information:** Include with the application at least one of the following documents with financial information for the immediate preceding fiscal year. Check all documents that are included with this application.

☐ IRS Form 990 or 990-EZ

☐ Audited Financial Statement

☐ NC Annual Financial Report Form

**Note: Schedule A is required with the Form 990**

(available at [www.secretary.state.nc.us/csl/Download.aspx](http://www.secretary.state.nc.us/csl/Download.aspx))

**Note: IRS e-postcard (Form 990-N) is not sufficient to satisfy the financial information requirement.**

**For newly established applicants** with no financial history, a proposed budget for the current fiscal year including projected revenues and expenses must be submitted.

**24. Contract(s) information:** Does applicant have any contract(s) with any person who qualifies as a fund-raising consultant, solicitor, or coventurer that is currently active or has ended within the immediate preceding fiscal year?

☐ Yes. ☐ No.

If yes, for EACH applicable Contractual Agreement, attach a completed NC Fundraising Disclosure Form.

(available at [www.secretary.state.nc.us/csl/Download.aspx](http://www.secretary.state.nc.us/csl/Download.aspx))

**25. Consolidated Application information:** Is applicant applying as a parent group for one or more subordinate groups (chapter, branch) located in North Carolina.

☐ Yes. ☐ No.

If yes, attach a list of applicant's subordinate groups, include for each subordinate: (1) group's full legal name, (2) for non-incorporated applicants, copy of stamped certificate of "doing business as" or "assumed name" filed with local Register of Deeds, (3) street address for each NC location, (4) contact person for each NC location, and (5) telephone number for each NC location.

If yes, attach appropriate parent and subordinate group financial information in accordance with instructions in Question 23.

**26. Federated Fundraising Organization information:** Is applicant a United Way, United Arts Fund, community chest, or other federation of independent charitable organizations which have voluntarily joined together for the purpose of raising and distributing contributions and where membership does not confer operating authority and control of the individual group organization upon the federated group organization?

☐ Yes. ☐ No.

If yes, attach a list of applicant's member agencies that complies with the following requirements:

A. For each NC member agency exempt from license requirements, the agency's name, why the agency is exempt (a statutory cite is sufficient), and the amount allocated by the applicant to the member agency during the immediate preceding fiscal year.

B. For each NC member agency subject to license requirements, provide the agency's charitable solicitation license number assigned by the Department, the agency's name, the agency address, the name of the executive in charge of the member agency, the agency's telephone number, and the amount allocated by the applicant to the licensed member agency during the immediate preceding fiscal year.

**27. Does applicant compensate any officer, trustee, organizer, or incorporator?**

☐ Yes. ☐ No.

**28. Has applicant or any of its officers, directors, trustees, or salaried executive personnel been enjoined or prohibited from soliciting contributions in any jurisdiction?**

☐ Yes. ☐ No.

If Yes, attach an explanatory statement.

**29. Has applicant or any of its officers, directors, trustees, or salaried executive personnel been found to have engaged in unlawful practices in the solicitation of contributions or the administration of charitable assets in any jurisdiction?**

☐ Yes. ☐ No.

If Yes, attach an explanatory statement.

**30. Has applicant had its authority denied, suspended, or revoked by any governmental agency?**

☐ Yes. ☐ No.

If yes, attach an explanatory statement including the reason(s) for each denial, suspension, or revocation.

31. Has applicant entered into any assurance of voluntary compliance or similar agreement in any jurisdiction?

☐ Yes. ☐ No.

If yes, attach one (1) copy of each agreement.

**32. Calculation of License Fee:**

Amount of N.C.G.S. §131F-2(5) contributions received in last fiscal year: \$ \_\_\_\_\_

If applicant received less than \$5,000, there is no license fee.

If applicant received more than \$25,000, but less than \$100,000 in immediate preceding fiscal year: **\$50.00**

If applicant received more than \$100,000, but less than \$200,000 in immediate preceding fiscal year: **\$100.00**

If applicant received more than \$200,000 in immediate preceding fiscal year: **\$200.00**

Calculated license fee amount: \$ \_\_\_\_\_

Calculation of Late Fee: \$25.00 per month following expiration of last license or extension  
calculated on the fifteenth day of each month past the due date. + \$ \_\_\_\_\_

**Total fee amount attached to this application:** \$ \_\_\_\_\_

**MAKE CHECK PAYBLE TO: NORTH CAROLINA DEPARTMENT OF THE SECRETARY OF STATE**

**33. APPLICANT SIGNATURE: To be signed in the presence of a Notary Public who has administered the following oath:**

I swear or affirm that I am the **Treasurer** or **Chief Fiscal Officer (CFO)** of the applicant charitable or sponsor organization, and that the information furnished in this application and all supplemental forms, reports, documents, and attachments are true and correct to the best of my knowledge under penalty of perjury.

Signature: \_\_\_\_\_

Signer's Name (Print): \_\_\_\_\_

Signer's Title (Print): \_\_\_\_\_

**NOTARIZATION:**

In County \_\_\_\_\_ State \_\_\_\_\_

Sworn to and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_ in the year of \_\_\_\_\_.

Notary Public's Signature: \_\_\_\_\_

Notary Public's Name (Print): \_\_\_\_\_

Date Notary Public's Commission Expires: \_\_\_\_\_

Please place notary stamp or seal imprint beside or below this line:

**34. Third Party Filer Contact Information (optional):**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City State Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email address: \_\_\_\_\_